

Introduced by

Representatives K. Koppelman, Jones, Magrum

Senators Dwyer, Larson

1 A BILL for an Act to create and enact chapter 32-46.2 of the North Dakota Century Code,  
2 relating to civil actions involving asbestos; to amend and reenact subsection 2 of section  
3 28-01.3-04 of the North Dakota Century Code, relating to liability of nonmanufacturing sellers;  
4 and to provide for application.

5 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

6 **SECTION 1. AMENDMENT.** Subsection 2 of section 28-01.3-04 of the North Dakota  
7 Century Code is amended and reenacted as follows:

8 2. ~~After the plaintiff has filed a complaint against the manufacturer and the manufacturer-~~  
9 ~~has or is required to have answered or otherwise pleaded, the~~The court shall order the  
10 dismissal of the claim against the certifying seller, unless the plaintiff can show any of  
11 the following:

12 a. That the certifying seller exercised some significant control over the design or  
13 manufacture of the product, or provided instructions or warnings to the  
14 manufacturer relative to the alleged defect in the product which caused the  
15 personal injury, death, or damage to property.

16 b. That the certifying seller had actual knowledge of the defect in the product which  
17 caused the personal injury, death, or damage to property.

18 c. That the certifying seller created the defect in the product which caused the  
19 personal injury, death, or damage to property.

20 **SECTION 2.** Chapter 32-46.2 of the North Dakota Century Code is created and enacted as  
21 follows:

22 **32-46.2-01. Definitions.**

23 In this chapter, unless the context otherwise requires:

- 1       1. "AMA guides" means the sixth edition of the American medical association's "Guides  
2       to the Evaluation of Permanent Impairment".
- 3       2. "Asbestos action" means the same as that term is defined in section 32-46.1-01.
- 4       3. "Asbestosis" means bilateral diffuse interstitial fibrosis of the lungs caused by  
5       inhalation of asbestos fibers.
- 6       4. "Board-certified in internal medicine" means a licensed physician who is certified by  
7       the American board of internal medicine or the American osteopathic board of internal  
8       medicine.
- 9       5. "Board-certified in occupational medicine" means a licensed physician who is certified  
10      in the specialty of occupational medicine by the American board of preventive  
11      medicine or the specialty of occupational/environmental medicine by the American  
12      osteopathic board of preventive medicine.
- 13     6. "Board-certified in oncology" means a licensed physician who is certified in the  
14      subspecialty of medical oncology by the American board of internal medicine or the  
15      American osteopathic board of internal medicine.
- 16     7. "Board-certified in pathology" means a licensed physician who holds primary  
17      certification in anatomic pathology or clinical pathology from the American board of  
18      pathology or the American osteopathic board of pathology and whose professional  
19      practice is principally in the field of pathology and involves regular evaluation of  
20      pathology materials obtained from surgical or postmortem specimens.
- 21     8. "Board-certified in pulmonary medicine" means a licensed physician who is certified in  
22      the specialty of pulmonary medicine by the American board of internal medicine or the  
23      American osteopathic board of internal medicine.
- 24     9. "Certified B-reader" means an individual who is certified as a national institute for  
25      occupational safety and health final or B-reader of x-rays under title 42, Code of  
26      Federal Regulations, part 37.51(b).
- 27     10. "Chest x-ray" means chest films taken in accordance with all applicable state and  
28      federal regulatory standards and taken in the posterior-anterior view.
- 29     11. "DLCO" means diffusing capacity of the lung for carbon monoxide, which is the  
30      measurement of carbon monoxide transfer from inspired gas to pulmonary capillary  
31      blood.

- 1        12. "Exposed individual" means an individual whose exposure to asbestos is the basis for  
2        an asbestos action.
- 3        13. "FEV1" means forced expiratory volume in the first second, which is the maximal  
4        volume of air expelled in one second during performance of simple spirometric tests.
- 5        14. "FEV1/FVC" means the ratio between the actual values for FEV1 over FVC.
- 6        15. "FVC" means forced vital capacity, which is the maximal volume of air expired with  
7        maximum effort from a position of full inspiration.
- 8        16. "ILO system" and "ILO scale" mean the radiological ratings and system for the  
9        classification of chest x-rays of the international labour office provided in "Guidelines  
10       for the Use of ILO International Classification of Radiographs of Pneumoconioses"  
11       (2011).
- 12       17. "Nonmalignant condition" means any condition that may be caused by asbestos other  
13       than a diagnosed cancer.
- 14       18. "Official statements of the American thoracic society" means the lung function testing  
15       standards set forth in the technical standards of the American thoracic society,  
16       including "Standardization of Spirometry" (2019), "Standardisation of the  
17       Measurement of Lung Volumes" (2005), "Standards for Single-breath Carbon  
18       Monoxide Uptake in the Lung" (2017), and "Interpretive Strategies for Lung Function  
19       Tests" (2005).
- 20       19. "Pathological evidence of asbestosis" means a statement by a board-certified  
21       pathologist that more than one representative section of lung tissue uninvolved with  
22       any other disease process demonstrates a pattern of peribronchiolar or parenchymal  
23       scarring in the presence of characteristic asbestos bodies graded 1(B) or higher under  
24       the criteria published in "Asbestos-Associated Diseases", 106 Archive of Pathology  
25       and Laboratory Medicine 11, Appendix 3 (October 8, 1982).
- 26       20. "Plaintiff" means the same as that term is defined in section 32-46.1-01.
- 27       21. "Plethysmography" means the test for determining lung volume in which the exposed  
28       individual is enclosed in a chamber equipped to measure pressure, flow, or volume  
29       change.
- 30       22. "Predicted lower limit of normal" means the test value that is the calculated standard  
31       convention lying at the fifth percentile, below the upper ninety-five percent of the

1           reference population, based on age, height, and gender, according to the  
2           recommendations by the American thoracic society and as referenced in the  
3           AMA Guides.

4        23.   "Product liability action" means the same as defined in section 28-01.3-01.

5        24.   "Pulmonary function test" means spirometry, lung volume testing, and diffusion  
6           capacity testing, including appropriate measurements, quality control data, and  
7           graphs, performed in accordance with the methods of calibration and techniques  
8           provided in the AMA Guides and all standards provided in the official statements of the  
9           American thoracic society.

10       25.   "Qualified physician" means a licensed physician who is board-certified in internal  
11           medicine, pathology, pulmonary medicine, occupational medicine, or oncology, as may  
12           be appropriate to the diagnostic specialty in question, and who:

13        a.    Conducted a physical examination of the exposed individual and has taken a  
14           detailed occupational, exposure, medical, smoking, and social history from the  
15           exposed individual, or if the exposed individual is deceased, has reviewed the  
16           pathology material and has taken a detailed history from the individual most  
17           knowledgeable about the information forming the basis of the asbestos action;

18        b.    Treated or is treating the exposed individual, and has a doctor-patient  
19           relationship with the exposed individual at the time of the physical examination,  
20           or in the case of a board-certified pathologist, examined tissue samples or  
21           pathological slides of the exposed individual at the request of the treating  
22           physician;

23        c.    Has not relied on any examinations, tests, radiographs, reports, or opinions of  
24           any doctor, clinic, laboratory, or testing company that performed an examination,  
25           test, radiograph, or screening of the exposed individual in violation of any law,  
26           regulation, licensing requirement, or medical code of practice of the state in  
27           which the examination, test, or screening was conducted; and

28        d.    Prepared or directly supervised the preparation and final review of any medical  
29           report under this chapter.

30       26.   "Radiological evidence of asbestosis" means a quality 1 chest x-ray under the  
31           ILO system, or a quality 2 chest x-ray in a death case when no pathology or quality 1

1 chest x-ray is available, showing bilateral small, irregular opacities (s, t, or u) occurring  
2 primarily in the lower lung zones graded by a certified B-reader as at least 1/1 on the  
3 ILO scale.

4 27. "Radiological evidence of diffuse bilateral pleural thickening" means a quality 1 chest  
5 x-ray under the ILO system, or a quality 2 chest x-ray in a death case when no  
6 pathology or quality 1 chest x-ray is available, showing diffuse bilateral pleural  
7 thickening of at least b2 on the ILO scale and blunting of at least one costophrenic  
8 angle as classified by a certified B-reader.

9 28. "Spirometry" means a test of air capacity of the lung through a spirometer to measure  
10 the volume of air inspired and expired.

11 29. "Supporting test results" means B-reading and B-reader reports, reports of x-ray  
12 examinations, diagnostic imaging of the chest, pathology reports, pulmonary function  
13 tests, and all other tests reviewed by the diagnosing physician or a qualified physician  
14 in reaching the physician's conclusions.

15 30. "Timed gas dilution" means a method for measuring total lung capacity in which the  
16 subject breathes into a spirometer containing a known concentration of an inert and  
17 insoluble gas for a specific time, and the concentration of that inert and insoluble gas  
18 in the lung is compared to the concentration of that type of gas in the spirometer.

19 31. "Total lung capacity" means the volume of gas contained in the lungs at the end of a  
20 maximal inspiration.

21 **32-46.2-02. Sworn information form requirement for asbestos action.**

22 1. In addition to any requirements for asbestos actions under chapter 32-46.1, a plaintiff  
23 in an asbestos action shall file, within forty-five days after any complaint is filed in an  
24 asbestos action, a sworn information form signed by the plaintiff and plaintiff's counsel  
25 specifying the evidence that provides the basis for each claim against each defendant.

26 The sworn information form must include the following with specificity:

27 a. The name, address, date of birth, marital status, occupation, smoking history,  
28 current and past worksites, and current and past employers of the exposed  
29 individual, and any person through whom the exposed person was exposed to  
30 asbestos;

- 1           b. Each individual through whom the exposed individual was exposed to asbestos
- 2           and the exposed individual's relationship to each individual;
- 3           c. Each asbestos-containing product to which the individual was exposed and each
- 4           physical location at which the exposed individual was exposed, or if the plaintiff
- 5           was exposed through another individual, to which that other individual was
- 6           exposed;
- 7           d. The specific location and manner of each exposure, including for any individual
- 8           through whom the exposed individual was exposed to asbestos;
- 9           e. The beginning and ending dates of each exposure, the frequency and length of
- 10          each exposure, and the proximity of the asbestos-containing product or its use to
- 11          the exposed person and any person through whom the exposed person was
- 12          exposed to asbestos;
- 13          f. The identity of the manufacturer or seller of the specific asbestos product for
- 14          each exposure;
- 15          g. The specific asbestos-related disease claimed to exist; and
- 16          h. Any supporting documentation relating to the information required under this
- 17          section.
- 18          2. The plaintiff shall provide the sworn information form and supporting documentation to
- 19          all parties within forty-five days after the effective date of this section for asbestos
- 20          actions that are pending on the effective date.
- 21          3. The plaintiff has a continuing duty to supplement the information required to be
- 22          disclosed in subsection 1.
- 23          4. The court shall dismiss the asbestos action without prejudice as to any defendant
- 24          whose product or premises is not identified in the required disclosures in subsection 1.
- 25          5. The court shall dismiss the asbestos action without prejudice as to all defendants if the
- 26          plaintiff and plaintiff's counsel fail to comply with this section.

27          **32-46.2-03. Requirements for asbestos action.**

- 28          1. In addition to any requirements for asbestos actions under chapter 32-46.1 and the
- 29          required sworn information form required by section 32-46.2-02, a plaintiff in an
- 30          asbestos action shall include with any complaint a detailed narrative medical report,
- 31          signed by a qualified physician and accompanied by supporting test results, which

1 constitute prima facie evidence the exposed individual meets the requirements of this  
2 chapter. The report may not be prepared by a lawyer or other individual working for or  
3 on behalf of a lawyer or law firm.

4 2. The plaintiff shall provide a detailed narrative medical report and supporting test  
5 results to all parties within thirty days after the effective date of this section for  
6 asbestos actions that are pending on the effective date.

7 3. A defendant shall have a reasonable opportunity to challenge the adequacy of the  
8 prima facie evidence. The court shall dismiss the action without prejudice if the plaintiff  
9 fails to comply with the requirements of this section or fails to make the prima facie  
10 showing required by this section.

11 4. Until a court enters an order determining the exposed individual has established prima  
12 facie evidence of impairment, an asbestos action is not subject to discovery, except  
13 discovery related to establishing or challenging the prima facie evidence.

14 **32-46.2-04. Elements of proof for asbestos action involving nonmalignant conditions.**

15 An asbestos action related to an alleged nonmalignant asbestos-related condition may not  
16 be brought or maintained in the absence of prima facie evidence the exposed individual has a  
17 physical impairment for which asbestos exposure was a substantial contributing factor. The  
18 prima facie showing must be made as to each defendant and include a detailed narrative  
19 medical report signed by a qualified physician that includes the following:

20 1. Radiological or pathological evidence of asbestosis or radiological evidence of diffuse  
21 bilateral pleural thickening or a high-resolution computed tomography scan showing  
22 evidence of asbestosis or diffuse pleural thickening;

23 2. A detailed occupational and exposure history from the exposed individual or, if the  
24 individual is deceased, from the individual most knowledgeable about the exposures  
25 that form the basis of the action, including identification of all of the exposed  
26 individual's places of employment and exposures to airborne contaminants and  
27 whether each place of employment involved exposures to airborne contaminants,  
28 including asbestos fibers or other disease-causing dusts, that may cause pulmonary  
29 impairment, and the nature, duration, and level of any exposure;

- 1       3. A detailed medical, social, and smoking history from the exposed individual or, if the  
2           individual is deceased, from the individual most knowledgeable, including a thorough  
3           review of the past and present medical problems of the exposed individual;
- 4       4. Evidence verifying at least fifteen years have elapsed between the exposed  
5           individual's date of first exposure to asbestos and the date of diagnosis;
- 6       5. Evidence from an individual medical examination and pulmonary function testing of the  
7           exposed individual or, if the exposed individual is deceased, based upon the  
8           individual's medical records, the exposed individual has or the deceased individual  
9           had a permanent respiratory impairment rating of at least Class 2 as defined by the  
10          AMA Guides or reported significant changes year to year in lung function for FVC,  
11          FEV1, or DLCO as defined by the American thoracic society's "Interpretative  
12          Strategies for Lung Function Tests", 26 European Respiratory Journal 948-68, 961-62,  
13          table 12 (2005);
- 14       6. Evidence that asbestosis or diffuse bilateral pleural thickening, rather than chronic  
15          obstructive pulmonary disease, is a substantial contributing factor to the exposed  
16          individual's physical impairment, based on a determination the exposed individual has  
17          any of the following:
  - 18           a. FVC below the predicted lower limit of normal and FEV1/FVC ratio (using twenty  
19               actual values) at or above the predicted lower limit of normal;
  - 20           b. Total lung capacity, by plethysmography or timed gas dilution, below the  
21               predicted lower limit of normal; or
  - 22           c. A chest x-ray showing bilateral small, irregular opacities (s, t, or u) graded by a  
23               twenty-four certified B-reader as at least 2/1 on the ILO scale; and
- 24       7. A statement that the qualified physician signing the detailed narrative medical report  
25          has concluded exposure to asbestos was a substantial contributing factor to the  
26          exposed individual's physical impairment and not more probably the result of other  
27          causes. An opinion that the medical findings and impairment are consistent with or  
28          compatible with exposure to asbestos, or words to that effect, does not satisfy this  
29          subsection.



1        **32-46.2-05. Elements of proof for asbestos action involving malignant conditions.**

2        1. An asbestos action related to an alleged asbestos-related malignant condition may not  
3        be brought or maintained in the absence of prima facie evidence that the exposed  
4        individual has a malignant condition for which asbestos exposure was a substantial  
5        contributing factor. The prima facie showing must be made as to each defendant and  
6        include a detailed narrative medical report signed by a qualified physician that includes  
7        all of the following:

- 8        a. A diagnosis that the exposed person has a malignant asbestos-related condition;  
9        and  
10       b. A statement that exposure to asbestos was a substantial contributing factor to the  
11       exposed individual's malignant condition and not more probably the result of  
12       other causes, and a detailed explanation for that opinion. An opinion that the  
13       malignant condition is consistent with or compatible with exposure to asbestos, or  
14       words to that effect, does not satisfy this subdivision.

15       2. The court shall hold an evidentiary hearing and determine if the exposed person has  
16       established a prima facie showing of cancer to which exposure to asbestos was a  
17       substantial contributing factor.

18       **32-46.2-06. Evidence of physical impairment - Procedures - Limitation.**

19       1. Evidence relating to the prima facie showings required under this chapter does not  
20       create a presumption the exposed individual has an asbestos-related impairment and  
21       is not conclusive as to the liability of any defendant.

22       2. Evidence may not be offered at trial and the jury may not be informed of:

- 23       a. The grant or denial of a motion to dismiss an asbestos action under this chapter;  
24       or  
25       b. The provisions of this chapter with respect to what constitutes a prima facie  
26       showing of asbestos impairment.

27       3. Evidence relating to physical impairment offered in an asbestos action governed by  
28       this chapter:

- 29       a. Must comply with the quality controls, equipment requirements, methods of  
30       calibration, and techniques set forth in the AMA Guides and all standards set  
31       forth in the official statements of the American thoracic society;

1           b. May not be obtained under the condition the plaintiff or exposed individual retains  
2           the legal services of an attorney or law firm.

3           4. In the absence of consent from all parties, a court may consolidate for trial only  
4           asbestos actions relating to the exposed individual and members of that individual's  
5           household.

6           5. A product liability defendant in an asbestos action may not be liable for exposures  
7           from a later-added asbestos-containing product made or sold by a third party.

8           **32-46.2-07. Statute of limitations.**

9           1. The period of limitations for an asbestos action that is not barred as of the effective  
10           date of this chapter may not accrue, nor may the running of limitations commence,  
11           before the earlier of the date:

12           a. The exposed individual received a medical diagnosis of an asbestos-related  
13           impairment;

14           b. The exposed individual discovered facts that would have led a reasonable  
15           individual to obtain a medical diagnosis with respect to the existence of an  
16           asbestos-related impairment; or

17           c. The date of death of the exposed individual having an asbestos-related  
18           impairment.

19           2. This section does not revive or extend limitations with respect to any claim for  
20           asbestos-related impairment that was time-barred on the effective date of this chapter.

21           **SECTION 3. APPLICATION.** This Act applies to all asbestos claims filed on or after  
22 August 1, 2021, and any claims pending on August 1, 2021, in which trial had not commenced  
23 as of that date, except the statute must be applied prospectively if retroactive application is held  
24 to be unconstitutional.